

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010213

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 115

FILED APR 1 1963

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		Length of stay in 1b <b>6 Months</b>	c. CITY OR TOWN <b>La Plata</b> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nursing Home #1</b>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LUTHER RAY</b> Middle <b>HARRISON</b> Last		4. DATE OF DEATH Month <b>March</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/20/79</b>
9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR: Months <b>6</b> Days <b>2</b> Hours <b>--</b> Min. <b>--</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and state or country) <b>Macon County MO, USA</b>
13a. FATHER'S NAME <b>Thomas Harrison</b>		13b. MOTHER'S MAIDEN NAME <b>Flanence Redman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <b>no</b>		17. INFORMANT Address <b>95 Oval Harrison, La Plata, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b> minutes DUE TO (b) <b>Cerebral Thrombotic Episode</b> days DUE TO (c) <b>Cerebral Arteriosclerosis</b> Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute Congestive Failure, Chronic Pneumonitis</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Aug. 1, 1962</b> to <b>Mar. 22, 1963</b> and last saw her alive on <b>3/22/63</b> Death occurred at <b>10:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Ervin Pretsky D.O.</b>		22b. ADDRESS <b>Kirksville, Missouri</b>	
22c. DATE SIGNED <b>3/22/63</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/24/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Tabor</b>		23d. LOCATION (City, town, or county) (State) <b>Atlanta, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Wilson Funeral Home, La Plata, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-27-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Norma W. Ratliff</b>		26. REGISTRAR'S SIGNATURE	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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Permit issued March 22, 1963

IRVIN PRETSKY, D.O.

MAY 29 1963

SEP 18 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Kenneth M. Wilson

Licensed Embalmer No. H701

P. O. Address La Plata Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.